

End of Life Issues Committee
May 16, 2002
Baltimore

Goals of Palliative Care – setting is individuated to increase chance of goal achievement

1. Symptom Management
2. Patient Preferences for Care – comfort and dignity
3. Relieve Family Burden
4. Create a Spiritual Space for Patient

KEY ISSUES:

Shortage of In-patient hospice beds

- Due to lack of reimbursement/ rates

Advanced Directives

- Education (5 wishes, Courageous Conversations)
- Healthcare Agent (durable medical power of attorney)
- How to deal with varying circumstances

Pediatric End of Life Care

- Too little attention to this issue
- Special burdens
- Effective services

Reimbursement/Benefits

- In-patient
- Assisted Living
- Nursing Home
- Homecare
- Reimbursement Rates
- Bottom Line
- Alternative Care Plan Option

Nursing Homes

- Palliative care uses drugs vs. chemical restraints
- Regulations differ
- Respite beds

Programs/ Models/ Systems

- HIV/AIDS – what kind of palliative care do they receive?; where do they go to die?
- In-hospital Hospice Liaison programs vs. Palliative Care Teams
- Medical School curricula
- Advocacy Training – options/ choices
 1. When
 2. Who
 3. Message

Legislative Needs

- Patient Bill of Rights to incorporate end of life
- Mandated Hospice Benefits
- **BARRIER:** No hospice while receiving skilled Medicare benefits

Disparities

- Length of stay in MD is lower than Nat'l avg.
- Cultural barriers

Assignments

Kate & Bowie	Other state plans
Jeannette	Liaison program Hospice in hospitals
Joyce	Palliative Care Teams
Linda	Doug Ross – Curricula in medical & nursing schools Pediatric UMD
Carole	JHU Pediatric contact
Maria	Managed Care contact
Barbara	Bill Vaughn – Nursing homes & pain standard
Kate	Hospice in-patient beds (#) – Where – licensed
Bowie	HSCRC, NHO - Cost/ benefit analysis for hospice care Reimbursement rates – regional variances Susan Panick → MD Healthcare Commission